KAP KEYS Based on TIP 44
Substance Abuse Treatment for Adults in the Criminal Justice System

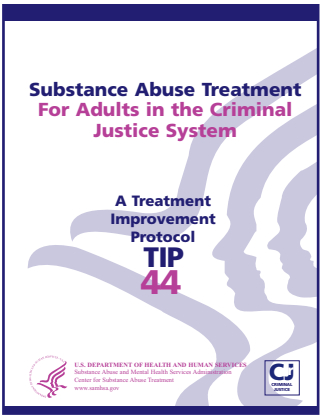
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 44

Substance Abuse Treatment For Adults in the Criminal Justice System



CRIMINAL JUSTICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

KAP KEYS Based on TIP 44
Substance Abuse Treatment for Adults
in the Criminal Justice System

Introduction

KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). These KAP Keys are based entirely on TIP 44 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 44.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 21: *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System* **BKD169**

TIP 23: *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing* **BKD205**

TIP 30: *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community* **BKD304**

TIP 38: *Integrating Substance Abuse Treatment and Vocational Services* **BKD381**

TIP 41: *Substance Abuse Treatment: Group Therapy* **BKD507**

Substance Abuse and Trauma (Due for publication in 2006)

Common Myths About Screening and Assessment

KAP KEYS Based on TIP 44
Substance Abuse Treatment for Adults
in the Criminal Justice System

Following are several common myths about substance abuse screening and assessment, and the facts that debunk those myths.

- *Myth:* Screening and assessment are no better than intuition in detecting a person's need for treatment.
  Fact: Objective screening and assessment measures can result in treatment that is better targeted to a client's needs, resulting in better outcomes.

- *Myth:* Only a single screening is needed to place people in different levels of treatment services.
  Fact: Accurate evaluation requires a battery of instruments that examine how substance use has affected all the domains of the client's life. When treatment options are severely limited, however, a basic screening may be sufficient to determine eligibility and suitability for treatment.

- *Myth:* Untrained professionals can conduct screening and assessments.
  Fact: Although some screenings can be administered and scored without significant training, placement decisions are greatly improved when they are made by professionally trained staff. This includes staff with relevant certification in substance abuse treatment, those with advanced professional degrees, and those with specialized training in the use of particular screening and assessment instruments. For those screening and assessment approaches that require an interview with the offender, specialized training is also needed in basic counseling techniques such as rapport building and reflective listening. Use of trained professional staff in the triage and placement process helps to minimize the number of inappropriate referrals for treatment.

- *Myth:* Screening and assessment are always compromised because you cannot trust self-report information from offenders.
  Fact: Research generally validates the reliability, and to some degree, the validity of information obtained through self-reports. Collateral sources such as the offender's family and friends can improve the reliability of the information gathered (or "the full picture"). Offenders do supply a certain amount of misinformation in some settings to avoid unwanted consequences, however.

Continued on back

- *Myth:* All screening and assessment instruments are equally effective.
  Fact: Research shows significant variability in the reliability and validity of different instruments with different populations.

- *Myth:* Because an instrument is widely used, it must be effective.
  Fact: Many highly marketed and widely used instruments do not have a research base supporting the validity of their use. In fact, many of the widely marketed and used instruments have been shown to be less effective than those available in the public domain.

- *Myth:* Screening and assessment should not examine the history of physical and sexual abuse and related trauma because this may aggravate the offender's level of stress and psychological instability, and staff may not be able to deal effectively with the consequences.
  Fact: Screening and assessment of all forms of abuse are essential for both male and female offenders, because it is now recognized that the effects of trauma contribute to many psychiatric disorders. Clinical outcomes are likely to be compromised if these abuse and trauma issues are not explored and if strategies addressing these issues are not developed and integrated into treatment plans for mental and substance use disorders. However, it is important to emphasize that in screening for a history of trauma it can be damaging to ask the client to describe traumatic events in detail. To screen, it is important to limit questioning to very brief and general questions, such as "Have you ever experienced childhood physical abuse? Sexual abuse? A serious accident? Violence or the threat of it? Have there been experiences in your life that were so traumatic they left you unable to cope with day-to-day life?"

Screening content should identify key issues that need to be addressed in placing offenders in treatment. Content can be specific to several domains, including substance use, criminal involvement, physical health, mental health, and special considerations.

Domain	Indicators
Substance Use	• Substance use history • Motivation and desire for treatment • Severity and frequency of use • Detoxification needs, acute intoxication • Treatment history (e.g., number and type of episodes, outcomes)
Criminal Involvement	• Criminal thinking • Current offense(s) • Prior charges • Prior convictions • Age at first offense • Type of offense(s) • Number of incarcerations • Prior successful completion of probation or parole drug use offenses • Prior involvement in diversionary programs • History of diagnosis of any personality disorder
Health	• Intoxication, infectious disease (tuberculosis, hepatitis, sexually transmitted diseases, HIV status) • Pregnancy • General health • Acute conditions

Continued on back

Domain	Indicators
Mental Health	• Suicidality • History of treatment and prior diagnosis • Treatment outcome • Current and past medications • Acute symptoms • Psychopathy
Special Considerations	• Educational level • Reading level/literacy • Language/cultural barriers • Physical disability • Developmental disability • Learning disability • Health and biomedical record • Housing • Dependants/family issues • History of abuse (victim and/or perpetrator), including trauma experienced as a result of physical and sexual abuse

Instrument	Purpose	Description
Alcohol Dependence Scale (ADS)	A 25-item instrument developed to screen for alcohol dependence symptoms; performs adequately in community and institutional settings	The ADS can be coupled with the ASI–Drug Use section to provide an effective screen for alcohol and drug use problems among offenders. For more information on the ADS, contact the Center for Addiction and Mental Health at (800) 661-1111. The ASI is reprinted in TIP 7, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System*.
Simple Screening Instrument for Substance Abuse (SSI-SA)	A 16-item screening instrument that examines symptoms of both alcohol and drug dependence	An expert panel developed the SSI-SA as a tool for outreach workers. The SSI-SA, which can be administered without training, includes items related to alcohol and drug use, preoccupation and loss of control, adverse consequences of use, problem recognition, and tolerance and withdrawal effects. The SSI-SA is fully described in TIP 11, *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*, and is reproduced along with instructions in TIP 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders*.

Continued on back

Instrument	Purpose	Description
TCU Drug Screen (TCUDS)	A 15-item substance abuse diagnostic screen	The TCU Drug Screen is completed by the offender and serves to quickly identify individuals who report heavy drug use or dependency (based on the DSM-IV-TR and the National Institute of Mental Health Diagnostic Interview Schedule) and who therefore might be eligible for treatment. For more information regarding the TCUDS and other related instruments go to www.ibr.tcu.edu.

Source: Peters, R.H., Greenbaum, P.E., Steinberg, M.L., and Carter, C.R. Effectiveness of screening instruments in detecting substance use disorders among prisoners. *Journal of Substance Abuse Treatment* 18(4):349–358, 2000.

Instruments for Evaluating Readiness for Treatment	
Instrument	**Description**
The University of Rhode Island Change Assessment Scale (URICA)	URICA was developed to assess an individual's stage of change. The instrument is known to be valid with different populations in a variety of settings. Research has determined that URICA is useful, reliable, and valid among incarcerated women who use drugs. The URICA and other similar instruments are reprinted in TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment*.
The TCU Treatment Motivation Scales	The TCU Treatment Motivation Scales can be used to track the stages of change in treatment motivation. For further information, go to www.ibr.tcu.edu.
The Circumstances, Motivation, Readiness, and Suitability Scales (CMRS)	The CMRS scales were designed to predict retention based on dynamic client factors related to seeking and remaining in treatment. The Circumstances scale is defined as the external pressure to engage and remain in treatment. The Motivation scale is defined as the internal pressure to change; the Readiness scale is defined as the perceived need for treatment; and the Suitability scale is defined as the individual's perception of the treatment modality or setting as appropriate for himself. A prison version has been developed. A revised version of the CMRS, the CMR, is also available. The CMR is copyrighted and can be obtained by contacting the National Development and Research Institute, Inc., 71 W. 23rd Street, New York, New York 10010, or mail@ndri.org.

Continued on back

Instrument	Description
Stages of Change, Readiness, and Treatment Eagerness Scale (SOCRATES)	SOCRATES includes items specifically focused on alcohol abuse and can be used as a starting point for discussion. A Spanish translation is available. The SOCRATES and other similar instruments are reprinted in TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment*.
Instruments for Screening and Assessing Mental Disorders	
Instrument	**Description**
Beck Depression Inventory II (BDI-II)	• A 21-item self-report of symptoms that screens for symptoms of depression • Requires no significant training to administer • Found to be the most effective instrument in detecting depression among individuals who abuse alcohol • Should not be used as a sole indicator of depression but in conjunction with other instruments
Brief Symptom Inventory (BSI)	• A short form of the Symptom Checklist 90 - Revised (SCL-90-R) • Comprising 53 items, including three global indices of psychopathology (General Severity Index, Positive Symptom Total, Positive Symptom Distress Index) and nine primary psychiatric symptom dimensions • Brief to administer and requires no significant training to administer • Only a 6th-grade reading level is required • May be most useful as a general indicator of psychopathology

Problem Area	Description of Problem	Solution(s)
Assessment	Assessment uses broad definitions of drug abuse and applies criteria unrelated to addiction. As a result, inmates are not always matched with the appropriate level of services, and some inmates who do not have substance abuse problems are placed in treatment.	Expand treatment options by establishing larger numbers of carefully targeted programs at more institutions.
Staff training	Many newer prisons have been constructed in rural areas where local communities have a smaller pool of treatment professionals and fewer people in recovery as potential staff members.	Offer better wages; recruit and train offenders who are serving life sentences; and orient and train treatment staff and correctional staff together.
Staff redeployment	Effective correctional officers and treatment counselors often move "up and out."	Change rotation policies; certify and reward officers who wish to work in jail- or prison-based treatment programs.
Overreliance on institutional sanctions	In successful treatment programs, noncompliant participants face peer pressure and eventually develop internal controls. Often, however, institutional sanctions are imposed before peers can have a positive impact.	Treatment and correctional staffs cooperate to determine conditions for imposing both therapeutic and institutional sanctions.

Continued on back

Problem Area	Description of Problem	Solution(s)
Aftercare	Many participants drop out of treatment as soon as they can; many providers in the community hesitate to work with ex-prisoners, especially those sentenced for violent or sexual offenses.	Establish treatment programs in the community that cater to or willingly accept parolees, probationers, and others under community supervision.
Coercion	Often inmates do not volunteer for treatment because peers attach stigma to it, programs demand more rules and structure, and participants often lose seniority and job opportunities in the facility.	Focus on rewarding good behavior. Remove disincentives and add such inducements as early release, better living quarters, and better job opportunities.

Source: Farabee, D., Prendergast, M., Cartier, J., Wexler, H., Knight, K., and Anglin, M.D. Barriers to implementing effective correctional drug treatment programs. *Prison Journal* 79(2):150–162, 1999.

Setting	Purpose of Screening	Special Considerations
Jails	• For early identification, if getting out of jail early • To determine eligibility for drug courts and pretrial diversion programs • For diversion to specialized mental health courts or programs focused on behavioral problems • To determine behavioral management problems and acute needs (including crisis intervention) • To identify suitability for placement in jail treatment programs • For classification to different housing units	Look for previous correctional substance abuse treatment, psychiatric treatment needs, readiness for treatment, past institutional behavior problems, prior correctional treatment, and court orders.
Prisons	• To match time left to serve with time for receiving treatment or for custody level classification • To identify suitability for placement in prison treatment programs	Look at prison record, treatment history (including treatment for issues other than substance abuse), and behavior.
Pretrial and Community Supervision	• To determine the need for housing, transportation, employment, or economic benefits • To identify suitability for placement in community treatment programs • To assess for public safety risk and level of supervision needed, pursuant to consideration for placement in diversion programs	Look for community or corrections records or collateral information (e.g., information from family members).

Traits of Major Personality Disorders (According to the DSM-IV)

KAP KEYS Based on TIP 44
Substance Abuse Treatment for Adults in the Criminal Justice System

Antisocial Personality Disorder (ASPD)
• Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure • Irritability and aggressiveness, as indicated by repeated physical fights and assaults • Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations • Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest • Impulsivity or failure to plan ahead • Reckless disregard for safety of self or others • Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
Source: Hare, R., Hart, S., and Harpur, T. Psychopathy and the DSM-IV criteria for antisocial personality disorder. *Journal of Abnormal Psychology* 100(3):391–398, 1991.

Traits of Borderline Personality Disorder (BPD)
People diagnosed with BPD must have five or more of the following behaviors: • Frantic efforts to avoid real or imagined abandonment • A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation • Identity disturbance or markedly and persistently unstable self-image or sense of self • Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) • Recurrent suicidal behavior or gestures, or self-mutilating behavior • Affective instability due to marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) • Chronic feelings of emptiness • Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights) • Transient, stress-related paranoid ideation or severe dissociative symptoms
Source: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Text Revision. Washington, DC: American Psychiatric Association, 2000.

10 Key Components of Drug Courts

The following components were developed by a national committee of experts for the Office of Justice Programs, Drug Courts Program Office:

1. Drug courts integrate alcohol and drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and illicit drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluating achievement of program goals is necessary to gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Suggestions for Counselors Operating in a Pretrial Setting

- Maintain a client's confidentiality. One strategy is to avoid discussing the client's criminal case.
- Bear firmly in mind that the client is presumed innocent before trial.
- Be realistic about the responsibilities that a client is capable of handling in pretrial settings. For example, it is unrealistic to believe that a defendant will suddenly become a model citizen, meeting all of his or her responsibilities, simply because of an arrest.
- Avoid allowing individuals to be inadvertently penalized for enrolling in treatment.
- Be aware that clients may be more focused on "beating the case" than on recovery.

Outcome evaluations involve measurable research to determine how effective a program is for its clients. Followup data, such as drug relapse and employment status, are the heart of outcome evaluation. The following are kinds of outcome information that might be collected.

Drugs	• Urinalysis results • Drug-related parole infractions • Drug-related arrests
Crime	• Parole rule infractions • Time until parole rule infraction • New misdemeanor arrests of any type • New felony arrests for non–drug-related crimes • New felony arrests for drug-related crimes • New felony arrests for violent crimes • Time until arrest • Re-incarceration
Social adjustment	• Employment and education • Family (e.g., support, child rearing, marital, etc.) • Substance abuse treatment • Community involvement (e.g., community service)
HIV risk behaviors	• Intravenous drug injection • Sexual behavior • HIV test results
Cost information	• Cost estimates of substance use • Cost estimates of crimes • Cost estimates of social services to family (e.g., welfare) • Criminal justice processing and detention costs
Tracking information	• Tracking locator information (e.g., social security and license numbers, addresses of family and friends, etc.)

Ordering Information

TIP 44

Substance Abuse Treatment for Adults in the Criminal Justice System

Three Ways to Obtain Free Copies of All TIPs Products:

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**.
2. Visit NCADI's Web site at **www.ncadi.samhsa.gov.**
3. You can also access TIPs online at: **www.kap.samhsa.gov.**

DHHS Publication No. (SMA) 06-4150
Printed 2006